

CITY OF ST. CHARLES

TWO EAST MAIN STREET
ST. CHARLES, ILLINOIS 60174-1984



DEPARTMENT: MAYOR'S OFFICE

PHONE: (630) 377-4445

FAX: (630) 377-4440

CARNIVAL LICENSE APPLICATION

For Office Use
Received
Fee Paid \$
Receipt #

Important: This application must be fully and accurately completed and notarized

1. Applicant is: — Corporation — Partnership — Individual
2. Name of Business _____ Business Phone _____
Address of Business _____ Business Fax _____
3. Applicant's Name _____ Title _____
Address _____ Phone _____
4. If Corporation, provide name, address and date of birth for each officer and director (use additional paper as needed):

Name	Address	Date of Birth
_____	_____	_____
_____	_____	_____
5. If Corporation, provide name, address, phone and date of birth for each person owning a record 5% or more of the stock list:

Name	Address	Date of Birth
_____	_____	_____
_____	_____	_____
6. Has any officer, manager, director or shareholder owning 5% or more of the stock of the corporation ever been convicted of a felony or ever forfeited an appearance bond on a felony charge: _____. If Yes, attach explanation to this Application.
7. Will this business be conducted by a manager or agent? If yes, provide name, address, phone and date of birth:

Name	Address	Home Phone	Date of Birth
_____	_____	_____	_____
8. Location/Address where carnival will be operated: _____
9. Dates of carnival operation: Start: _____ Close: _____
10. Amount of Insurance: _____ Expiration Date: _____
Name of Insurance Carrier: _____ Business Phone: _____
Address: _____ City/State/ZIP _____
Illinois State Permit Number: _____ Date Issued: _____